

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER No on Proposition 8, Campaign for Marriage Equality, A project of the American Civil Liberties Union of Northern California			Date of This Filing <u>10/03/2008</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER () -	I.D. NUMBER (if applicable) 1308178	Report No. <u>886</u>			
STREET ADDRESS 					
CITY San Francisco	STATE CA	ZIP CODE 94111	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/03/2008	ACLU Foundation New York, NY 10004 Memo Reference: NON:S497:72	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,924.00
10/03/2008	ACLU Foundation New York, NY 10004 Memo Reference: NON:S497:73	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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NAME OF FILER No on Proposition 8, Campaign for Marriage Equality, A project of the American Civil Liberties Union of Northern California			Date of This Filing 10/03/2008 Report No. 886 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER () -		I.D. NUMBER (if applicable) 1308178			
STREET ADDRESS					
CITY San Francisco			STATE CA	ZIP CODE 94111	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:73
Estimate (10/1/08 - 10/18/08)

Memo Reference: NON:S497:72
Estimate (10/1/08 - 10/18/08)
